

INDIVIDUAL DATA SHEET

Use this form to provide information for newly hired employees



Form Data				
Form Type	Campus	Department	Do you need Form W-2 Reissued? <input type="checkbox"/> No <input type="checkbox"/> Yes: Year _____	
Personal Information				
Prefix	First Name (Legal)	Middle I	Last Name (Legal)	Suffix
Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female		Military Status:		Military Discharge Date:
Contact Information				
Home Address Line 1			Mailing Information (if different than home address)	
Line 2			Line 2	
City, State, Zip Code			City, State, Zip Code	
Home Phone #			Cell Phone #	
Campus Address			Campus Phone #	
Check Address <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Campus <input type="checkbox"/> Other:				
Primary Emergency Contact			Secondary Emergency Contact	
Last Name, First Name			Last Name, First Name	
Address Line 1			Address Line 1	
Line 2			Line 2	
City, State, Zip Code			City, State, Zip Code	
Phone #			Phone #	
Relationship to Employee			Relationship to Employee	
Education Information				
Degree	Institution	Institution Location	Year	
Professional License (if required by position)				
License Type	Date of Issue	License Number	State/Country	Date of Expiration
<p>Completed form can be faxed to 561-3456 or emailed to payroll@maine.edu</p>			**I certify that all of the information provided on this form is accurate and complete to the best of my knowledge**	
			Employee Signature	Date

General Instructions

For additional information, visit <http://support.hr.maine.edu/human-resources-support/human-resources/hrms-topics>

1. Form Name: Individual Data Sheet

2. **Revisions:** 06/2017

3. **Purpose:** this form is required for all new employees; form is also used for former employees to submit a new address especially for Form W-2 reissues.

4. **Required Fields:** Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by | are required fields; missing required information will be considered incomplete and returned to preparer.

5. **Deadlines** for completed forms to be received by Human Resources. Items received after the deadline may or may not be completed in time for a current pay cycle.

a. **Monthly employees** - AS SOON AS POSSIBLE, but no later than the 15th of the month that pay is expected.

b. **Biweekly employees** – AS SOON AS POSSIBLE, but no later than 2 business days prior the effective date of hire.

6. **Submission Methods:** Send completed forms (including with all required signatures) to HR/Payroll as follows:

a. **Fax to 561-3456:** This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.

b. **Email to payroll@maine.edu:** Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.

c. **Campus Mail:** Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

Form Data

7. **Form Type:** This field will help determine duplicate forms. Select from the dropdown as follows:

c. **Original:** if this is the first rendition of the form sent to Payroll;

d. **Revised:** if this form includes corrected information compared to the Original form already submitted to Payroll.

8. **Campus:** Select from dropdown the campus initiating the action.

9. **Department:** up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs).

10. **Do you need Form W-2 Reissued?:** select Yes or No as appropriate

11. **Year:** enter the year that Form W-2 is requested to be reissued.

Employee Information

12. **Prefix, First Name, Middle I, Last Name and Suffix:** Enter employee's legal name

a. **Additional Names:** notify HR of a different preferred name (legal name will display in HR pages and preferred name will be shared with other UMS applications such as Blackboard, etc.)

13. **MaineStreet ID:** Enter employee's 7-digit MaineStreet ID

Personal Information

14. **Date of Birth:** Enter date of birth

15. **Gender:** Enter gender if known; will cause error for benefits if none selected

16. Military Status: Select appropriate value from list if known
17. Military Discharge Date: Enter appropriate information if known
Contact Information
18. Address: Enter addresses as appropriate for Home, Mailing, Campus & Check. If employee lives and/or works outside State of Maine, additional information will be required for appropriate tax withholding.
a. Home: Required for all employees; should match Form I-9.
i. Non-resident Aliens must have their home country address on the Address page entered as Home Address.
ii. Students must have their current (local) address entered as Home Address. If the student is a non-resident alien then the Non-resident Alien Address Process should be used.
b. Mailing (optional): Address used for home mailings, benefits, etc. if different than Home
i. Non-resident Aliens must have their current (local) address should be entered as Mailing Address.
ii. Students must have their permanent (home or out-of-state) address entered as Mailing Address, if provided. If the student is a non-resident alien then the Non-resident Alien Address Process should be used.
iii. Health Savings Account Holders: Post office box addresses are not acceptable for HSA participants; a street address must be provided.
c. Campus: Address used for campus mailings and directory
d. Campus Phone: used for campus and System directory
e. Check: Address used for paychecks, if applicable. Most employees are required to have direct deposit and direct deposit advices are not printed or mailed. Pay Statements are available in MaineStreet Employee Self-Service.
Emergency Contact Information
19. Address: Enter addresses as appropriate for emergency contact
20. Telephone Number: Enter telephone numbers as appropriate for home, cell, office, etc.
21. Relationship to Employee: Enter the relationship as appropriate (i.e. spouse, son, daughter, father, etc.)
Education Information
22. Degree: Enter degree type; a copy of the transcript required for regular appointments to faculty and professional positions.
23. Institution: Enter institution as appropriate
24. Institution Location: Enter location of institution issuing the degree as appropriate
25. Year: Enter the year the degree was received
Professional License Information
26. License Type: Enter license type; a copy of any licenses required for the position should accompany the appointment materials.
27. Date of Issue: Enter date the license was issued
28. License Number: Enter license number as appropriate
29. State/Country: Enter the state/country of issuance
30. Date of Expiration: Enter the year the license expires
Signature
31. Employee Signature & Date: signature and date is required and certifies information is accurate